2004

Form CN-ES

Wisconsin Composite Estimated Tax Voucher

For Nonresident Partners or Shareholders Using Form 1CNP or 1CNS for Calendar Year 2004

Federal Employer Identification Number	1		VOUCHER #1		
			Due Date: April 15, 2004		
Name of Partnership or Tax-Option (S) Corp	oration		AMOUNT OF PAYMENT	\$	
Street Address			Please do not staple your payment to this voucher.		
			Make your check payable to and mail to:		
City	State	Zip Code	Wisconsin Department of Revenue P.O. Box 8912		
			Madison, WI 53708-8912		

DC-046

2004

Wisconsin Composite Estimated Tax Voucher

Form CN-ES

For Nonresident Partners or Shareholders
Using Form 1CNP or 1CNS for Calendar Year 2004

Federal Employer Identification Number			VOUCHER #2		
			Due Date: June 15, 2004		
Name of Partnership or Tax-Option (S) Corporation			AMOUNT OF PAYMENT	\$	
Street Address			Please do not staple your payment to this voucher.		
City State Zip Code			Make your check payable to and mail to: Wisconsin Department of Revenue P.O. Box 8912 Madison, WI 53708-8912		

DC-046

2004

Form CN-ES

Wisconsin Composite Estimated Tax Voucher

For Nonresident Partners or Shareholders Using Form 1CNP or 1CNS for Calendar Year 2004

Federal Employer Identification Number			VOUCHER #3		
			Due Date: September 15, 2004		
Name of Partnership or Tax-Option (S) Corpo	oration		AMOUNT OF PAYMENT	\$	
Street Address			Please do not staple your payment to this voucher.		
_			Make your check payable to and mail to:		
City State Zip Coo		Zip Code	Wisconsin Department of Revenue		
			P.O. Box 8912		
			Madison, WI 53708-8912		

2004

Form CN-ES

Wisconsin Composite Estimated Tax Voucher

For Nonresident Partners or Shareholders Using Form 1CNP or 1CNS for Calendar Year 2004

Federal Employer Identification Number			VOUCHER #4		
			Due Date: January 18, 2005		
Name of Partnership or Tax-Option (S) Corporation			AMOUNT OF PAYMENT	\$	
Street Address			Please do not staple your payment to this voucher.		
			Make your check payable to and mail to:		
City	State	Zip Code	Wisconsin Department of Revenue P.O. Box 8912		
			Madison, WI 53708-8912		

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2004

Wisconsin Composite Estimated Tax Voucher

Form CN-ES

For Nonresident Partners or Shareholders Using Form 1CNP or 1CNS for Calendar Year 2004

Federal Employer Identification Number			VOUCHER #5 – EXTENSION PAYMENT		
			Due Date: April 15, 2005		
Name of Partnership or Tax-Option (S) Corporation			AMOUNT OF PAYMENT	\$	
Street Address			Please do not staple your payment to this voucher.		
City State Zip Code		Zip Code	Make your check payable to and mail to: Wisconsin Department of Revenue		
			P.O. Box 8912 Madison, WI 53708-8912		

DC-046